DLN: 93493135092137

OMB No 1545-0047

Open to Public

Department of the Treasury Internal R

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

itemi	i Kevenue	: Service					
		15 calendar year, or tax year be C Name of organization	eginning 07-01-2015 , and ending 06-3	0-2016			
	eck ıf applı	Wikimedia Foundation Inc			D Empl	oyer iden	tification number
_	ldress chai ame chang	% 1AIME VILLAGOMEZ			20-0	049703	
_	itial return	Doing business as					
FII	nal	Number of the DO	pox if mail is not delivered to street address) Roo	am /suuta	E Telep	hone numb	
	terminate ended ret	149 New Montgomery 6th Flo		om/suite	(415	)839-68	885
	plication pe		ce, country, and ZIP or foreign postal code			,	
	F	San Francisco, CA 94105			<b>G</b> Gross	receipts \$	100,303,426
		<b>F</b> Name and address of p	principal officer	H(a) I	s this a grou	p return	for
		Jaime Villagomez 149 New Montgomery 6t	-h Floor		ubordinates	•	⊤ Yes 🗸
		San Francisco, CA 9410			No	dinatas	
Ta	x-exempt	status 501(c)(3) 501(c) (	( ) ◀ (Insert no )		Are all suboro ncluded?	illates	□Yes □ No
\A/	aheita: N	www wikimediafoundation org	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		f "No," attac	halıst (	(see instructions)
**	ebsite. P	www wikimedialoundation org		H(c)	Group exemp	tion num	ıber ▶
<b>(</b> Forr	n of organ	ization 🗸 Corporation 🗆 Trust 🗀	Association	<b>L</b> Year	of formation 2	2003 <b>M</b> 5	State of legal domicile F
Do	~A T	Cum man man					
Рđ		Summary  Ty describe the organization's m	ussion or most significant activities				
	WIK	IMEDIA FDN SUPPORTS WIKI	PEDIA, ITS SISTER PROJECTS, AND T	THE WIKIMED	IA COMMU	OT YTIN	HELP THE WORLD
n	SHA	RE IN FREE KNOWLEDGE					
2							
Ě							
GOVERNABICE	<b>2</b> Che	eck this box ▶ ┌ if the organizat	tion discontinued its operations or dispo	sed of more th	nan 25% of i	ts net as	sets
						1 - 1	_
ACUVIUES &		-	overning body (Part VI, line 1a)			3	8
		•	ibers of the governing body (Part VI, line	•		4	8
3		• •	ed in calendar year 2015 (Part V, line 2	•		5	229
4		,	te ıf necessary)			6 7a	80,000
			me from Form 990-T, line 34			7a 7b	35,945
	<b>B</b> Nec	amerated basiness taxable med	me nom rotin 550 1, me 54	<u> </u>	Prior Year	1 70 1	Current Year
	8 (	Contributions and grants (Part V	'III line 1h)		77,451	.505	78,151,45
₫:		,	/III, line 2g)		•	,112	25,498
Ravenue			column (A), lines 3, 4, and 7d)		586,634		444,315
æ		•	in (A), lines 5, 6d, 8c, 9c, 10c, and 11e		10	,834	70,46
			igh 11 (must equal Part VIII, column (A		78,127	085	78,691,73
		12)					
		·	l (Part IX, column (A), lines 1-3)		4,614		11,429,017
			(Part IX, column (A), line 4)			0	- (
8		salaries, otner compensation, er 5-10)	mployee benefits (Part IX, column (A), li	nes	26,125	,610	31,713,546
SUS		•	art IX, column (A), line 11e)		246,510		295,878
Expenses	Ь	Fotal fundraising expenses (Part IX, colu	umn (D), line 25) ▶7,619,631				
ш			n (A), lines 11a-11d, 11f-24e)		21,465	,616	21,623,404
	18 7	Total expenses Add lines 13-1	7 (must equal Part IX, column (A), line	25)	52,452	,126	65,061,845
	19 F	Revenue less expenses Subtrac	t line 18 from line 12		25,674	,959	13,629,892
Fund Balances			<del></del>	Beginn	ing of Current	Year	End of Year
a a a	30	Fotal accets (Dart V. June 16)			02752	005	07.642.721
888		Fotal assets (Part X, line 16) . Fotal liabilities (Part X, line 26)		•	82,753 4,933		97,642,735
ĕ,Ğ		· · · · · · · · · · · · · · · · · · ·	btract line 21 from line 20		77,820		91,782,79
		Signature Block	btract fine 21 nom fine 20	• [	77,020	,230	31,702,73.
Jnde	r penaltı	es of perjury, I declare that I ha	ve examined this return, including accor	mpanyıng sch	edules and st	atement	s, and to the best of
		e and belief, it is true, correct, ar any knowledge	nd complete Declaration of preparer (otl	her than office	r) ıs based o	n all infor	mation of which
псра		any knowicuge					
					2017-05-01		
Sign		Signature of officer			Date		
lere		JAIME VILLAGOMEZ cfo					
		Type or print name and title	Proparoris signaturo	Data	I	ртты	
<b>)</b> _'	J	Print/Type preparer's name VALERIE J BALL	Preparer's signature VALERIE J BALL	Date 2017-05-01	Check I if	PTIN P00178:	114
Paid		Firm's name ► KPMG LLP			self-employed Firm's EIN ►	'	
	parer	Firm's address ▶ 55 Second Stree	et 1400		Phone no (41	.5) 963-51	00
Jse	Only				Ι ,		

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

1 0111	1990 (2013)			Page 🕶
Pai	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's			

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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24a

24b

24c

24d

25a

25b

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28a

28h

28c

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Yes

Form 990 (2015)

Yes

Yes

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Nο

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗸
1.	Enter the number reported in Box 2 of Form 1006 Enter 10 if not applicable 10	7.0	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	70		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	229		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial	у		
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶UK			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible as charitable contributions?			
ь	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	nd <b>7a</b>		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir			
	file Form 8282?	<b>7</b> c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	,   7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as		
	required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	: a   <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tilduring the year?	me <b>8</b>		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)........... <b>11b</b>			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI	Governance	, Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14		No
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	<b>15</b> b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	700		
	List the States with which a copy of this Form 990 is required to be filed  AL,AK,AR,CA,CO,CT,DC,FL,G LA,ME,MD,MA,MI,MN,MS,MO, NC,ND,OH,OK,OR,PA,RI,SC, WV,WI	NH,	MN, UN	,NY,
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply   Own website Another's website Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records ►JAIME VILLAGOMEZ 149 NEW MONTGOMERY 6TH FLOOR san francisco, CA 94105 (415) 839-6885

interest policy, and financial statements available to the public during the tax year

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more to	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization an related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	2,2333.1133,	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			. ▶				
c Total from continuation s d Total (add lines 1b and 1d	•			•	•	. •		2,474,778	0	199,201
2 Total number of individual							- \	, ,		

	_		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
i	<u> </u>	-	1 03	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors		
Complete this table for your five highest compensated independent contractors compensation from the organization. Report compensation for the calendar year.		
(A) Name and business address	(B) Description of services	(C) Compensation
Jones Day, 555 California Street 26th FL SAN FRANCISCO, CA 94104	Legal Services	1,557,553
Full Circle Group, 5671 S Redwood Road Suite 20 SALT LAKE CITY, UT 84123	Facilitation svcs	369,896
Cooley LLP, 101 California 5th FL SAN FRANCISCO, CA 94111	legal services	410,560
Equinix Inc, 4252 Solutions Center CHICAGO, IL 60677	Data CTR Colocation	989,868
Minassian Media Inc, 151 West 25th Street NEW YORK, NY 10001	Public Relations	436,104
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 17	d above) who received more than	

Form 99	0 (20	15)						Page <b>9</b>
Part V	Ш	Statement o						_
		Check If Schedu	ile O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>κ</u>	1a	Federated camp	paigns 1a					
Grants smounts	b	Membership du	es <b>1b</b>					
ج آ	С	Fundraising eve	ents <b>1</b> c					
ifts ar	d	Related organiz	ations <b>1d</b>					
s, G imil	e	Government grants	(contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> t included above	78,151,457				
	g	Noncash contribution 1a-1f \$	ons included in lines	173,134				
Con	h	Total. Add lines	1a-1f	🗼	78,151,457			
Program Service Revenue	2a b	WIKIMANIA CONFE	RENCE	Business Code 518210	25,498	25,498		
MCe	c							
<b>₹</b>	d e							
ogram	f	All other progra	m service revenue					
<u>\$</u>	g		2a-2f		25,498			
	3		ome (including dividend ar amounts)		1,089,009			1,089,009
	4	Income from inves	tment of tax-exempt bond	proceeds >	0			
	5	Royalties	() D		0			
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	с	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of assets other than inventory	20,917,437					
	b	Less cost or other basis and	21,562,131					
	c	sales expenses Gain or (loss)	-644,694					
	d		s)		-644,694			-644,694
Other Revenue	8a	Gross income fi events (not incl \$						
er Re		See Part IV, lin						
<del>p</del> o	b c		penses <b>b</b>   loss)from fundraising	events	o			
			rom gaming activities e 19	vents p				
	ь	Less directexi	apenses b					
			loss) from gaming activ	vities	0			
	10a	Gross sales of i	nventory, less	-				
		returns and allo	wances .	85,502				
	ь	Less cost of go	a pods sold b	49,558				
			loss) from sales of inve		35,945		35,945	
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEC	US REVENUE	900099	34,522			34,522
	b							
	c d	All other revenu						
	e	Total. Add lines		•	31.53-			
	12	Total revenue.	See Instructions		34,522			
					78,691,737	25,498	35,945	478,837

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,151,622	5,151,622		
2	Grants and other assistance to domestic individuals See Part IV, line 22	324,905	324,905		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	5,952,490	5,952, <b>4</b> 90		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,275,026	417,470	824,912	32,644
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	24,762,700	19,651,690	3,014,323	2,096,687
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	757,163	533,013	146,823	77,327
9	Other employee benefits	3,309,502	2,423,205	624,872	261,425
10	Payroll taxes		· ·		•
		1,609,155	1,163,964	305,963	139,228
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,750,605	792,790	866,469	91,346
С	Accounting	116,370		116,370	_
d	Lobbying	415		415	_
е	Professional fundraising services See Part IV, line 17	295,878			295,878
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,891,310	2,009,565	1,223,095	658,650
12	Advertising and promotion	51,858	40,348	11,510	
13	Office expenses	482,564	57,562	372,457	52,545
14	Information technology	2,537,235	2,340,128	195,192	1,915
15	Royalties	0			_
16	Occupancy	1,355,800	889,657	370,739	95,404
17	Travel	803,557	681,044	74,246	48,267
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,909,846	1,708,486	133,272	68,088
20	Interest	8,413	8,413		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,720,834	2,031,181	689,653	
23	Insurance	559,569		559,569	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DONATIONS PROCESSING FEES	3,604,682			3,604,682
b	PAYROLL FEES	719,300	626,235	57,469	35,596
c	STAFF DEVELOPMENT/ENRICHMENT	588,350	113,737	461,120	13,493
d	RECRUITING	199,542		199,542	
е	All other expenses	323,154	60,470	216,228	46,456
25	<b>Total functional expenses.</b> Add lines 1 through 24e	65,061,845	46,977,975	10,464,239	7,619,631
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

End of year

22,721,982

24.013.315

993,623

3,746

70,518

778,063

5,012,496

42,918,359

1,130,633

97,642,735

5,270,844

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589 096

5,859,940

87,680,104

4.102.691

91,782,795

97.642.735

Form 990 (2015)

Beginning of year

19,215,059

17,473,879

2.203.725

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0 14

0 18

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0

0

235 394

4,933,687

71,764,845

6.055.453

77.820.298

82,753,985

0 29

7,276

674,636

82,753,985

4,691,017

57,174

1,265,790

5,089,075

36,774,647

17,278,070

12,265,574

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Form 990 (2015) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . · [フ (A) (B)

> 10a 10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

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10a

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Net Assets or Fund Balances

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.**Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets .

Permanently restricted net assets

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Other changes in net assets or fund balances (explain in Schedule O) .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII . . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments

	_	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	

•	,	• •		4	
				5	
	•			6	
•				7	

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Nο

Page **12** 

78,691,737

65,061,845

13,629,892

77,820,298

258,199

74,406

No

Νo

91,782,795

Yes

Yes

Yes

2a

2b

2c

3a

Software ID: **Software Version:** 

**EIN:** 20-0049703

Name: Wikimedia Foundation Inc

Form 990 Part VII - Companyation of Officers Directors Trustees Key Employees Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
Jimmy Wales 	2 0	×						0	0	d			
Christophe Henner	20	×		×				0	0	C			
Mana Sefidari Vice Chair	2 0	×		×				0	0	C			
Kelly Battles Trustee	2 0	×						0	0	C			
Danusz Jemielniak Trustee	2 0	×						0	0	O			
Guy Kawasakı Trustee	2 0	×						0	0	C			
Alice Wiegand Trustee	2 0	×						0	0	C			
Nataliia Tymkiv Trustee	2 0	x						0	0	C			
Jan-Bart de Vreede Chair - Thru Dec/15	0 0 2 0 0 0	×		×				0	0	C			
Phoebe Ayers Trustee - Thru Jul/15	20	x						0	0	C			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	sition ore t ss pe	(C) (do han ersoi cer tor/t	not one n is and trust	both a tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Patricio Lorente Chair - From Jan/16	2 0	×		x			0	0	0
James Heilman Trustee - Thru Dec/15	2 0	×					0	0	0
Amnon Geshun Trustee - Jan/16	2 0	х					0	0	0
Denny Vrandecic Trustee - thru Apr/16	2 0	×					0	0	0
Frieda Brioschi Trustee - thru Jun/16	2 0	×					0	0	o
Stu West Trustee - thru Dec/15	2 0	x					0	0	0
Samuel Klein Trustee - Jul/2015	2 0	×					0	0	0
Lila Tretikov Executive Director-thru Mar/16	40 0			×			344,336	0	31,982
Katherine Maher Executive Dir - from Apr/16	40 0			x			166,353	0	13,461

40 0

0 0

Jaime Villagomez

CFO & Treasurer - From Feb/16

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Garfield Byrd	40 0									
Treasurer & CFA - thru Sep/16	0 0			×				161,063	0	20,368
Geoff Bngham	40 0									
Secretary & General Counsel	0 0			X				258,972	0	26,876
Terence Gilbey	40 0				x			250,231	0	18,794
Lisa Seitz-Gruwell Chief Revenue Officer	40 0				х			168,067	0	25,933
Enk Moeller	40 0									
VP of Product	0 0					X		302,046	0	2,863
Gayle Young	40 0									
Chief Talent & Culture Officer	0 0					Х		183,725	0	6,323
Anthony Negrin	40 0									
Director of Engineering	0 0					Х		177,720	0	18,699

Χ

180,499

281,766

23,410

10,492

40 0

0 0 40 0

0 0

Stanislav Malyshev

VP of Engineering

Sr Software Engineer

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DLN: 93493135092137 OMB No 1545-0047

Employer identification number

20-0049703

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

Internal Revenue Service Name of the organization Wikimedia Foundation Inc

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2 3

Treasury

Department of the

www.irs.gov/form990.

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support
---------------------------

Calendar year (or fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	38,990,502	45,272,234	52,647,756	77,451,505	78,151,457	292,513,454
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	38,990,502	45,272,234	52,647,756	77,451,505	78,151,457	292,513,454
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						292,513,454
Section B. Total Support						_

	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							292,513,454
S	ection B. Total Support						•	
10)	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	( <b>e)</b> 20	15	<b>(f)</b> Total
7	Amounts from line 4	38,990,502	45,272,234	52,647,756	77,451,505	78	,151,457	292,513,454
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,814	340,082	1,093,303	950,012	1	,089,009	3,523,220
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,722	23,933	13,444	17,611		35,945	94,655
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	-56,379	19,900	914	2,927		34,522	1,884
11	<b>Total support.</b> Add lines 7 through 10							296,133,213
12	Gross receipts from related activity	ties, etc (see ins	tructions)			12	•	1,193,959

check this box and <b>stop here</b>										•	•	•	•	•	•	<u>.                                    </u>
Section C. Computation of	fΡi	ub	lic	: 5	Зu	ממ	or	·t	Pε	r	C€	'n	ta	a	e	

5	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98 778 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	98 340 %

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
C	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

# Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
<b>a</b> Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1</b> c		
d Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
Discount claimed for blockage or other factors     (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

### DLN: 93493135092137

# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	me of the organization Imedia Foundation Inc				Employer Ide	entification numbe	r
					20-0049703		
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a	section 52	7 organization	١.
1	Provide a description of the org	ganization's direct and indirect polition	al campaign act	ivities in Par	t IV		
2	Political expenditures				<b>&gt;</b>	\$	
3	Volunteer hours						
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).			
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		<b>•</b>	\$	
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	1 4 9 5 5	<b>&gt;</b>	\$	
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			☐ Yes	□ No
4a	Was a correction made?					· \[ Yes	□ No
b	If "Yes," describe in Part IV					•	
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except	section 5	01(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function ac	tivities 🕨	\$	
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to ot	her organizations	for section	527 <b>▶</b>	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line	17b ►	\$	
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?				Ψ ———— ΓYes	□ No
5	organization made payments f amount of political contribution	nd employer identification number (E: For each organization listed, enter thins received that were promptly and dipolitical action committee (PAC). If	e amount paid fro rectly delivered	m the filing o to a separat	organization's e political org	s funds Also enter ganization, such as	the
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0	contributions r	received y and red to a litical If none,
2							
3							
4							
5							
6							
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- <b>EZ</b> . (	at No 500849	Schedule C	(Form 990 or 990-l	EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election
	under section 501(h)).
Charle N	

4	Check	<b>&gt;</b>	Γ	- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

В	Check	<b>&gt;</b>	if the filing organization checked box A and "limited control" provisions apply		
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobby		ing expenditures to influence public opinion (grass roots	0	0
b	Total	lobby	ing expenditures to influence a legislative body (direct lobbying)	415	0
c	Total	lobby	ing expenditures (add lines 1a and 1b)	415	0
d	Other	exe	npt purpose expenditures	0	0
e	Total	exen	pt purpose expenditures (add lines 1c and 1d)	415	0
	Labby	unar	antayahla amayat. Enter the amayat from the following table in both columns	83	0

f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-332 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

# columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 21 Lobbying ceiling amount

21 2a 32 (150% of line 2a, column(e)) Total lobbying expenditures 415 415 Grassroots nontaxable amount Grassroots ceiling amount 0 (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2015

21

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pä	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(	a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		4 moun	it
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	<b>01</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	<u> </u>	I			
	• • • • • • • • • • • • • • • • • • • •		D	т А '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1  Also, complete this part for any additional information	тр IIST), 	, Part I	1-A,I	ines 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493135092137 OMB No 1545-0047

Open to Public Inspection

Na	nal Revenue Service ime of the organization	` ,		Empl	oyer identifica	tion numbe	r
Wil	kimedia Foundation Inc			20-0	049703		
Pa	art I Organizations Maintaining Donoi	Advised Funds or Ot	her Similar Fu			· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 6.				
		(a) Donor advised funds	—	(b)	Funds and oth	er accounts	i
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			or advis	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	<del>-</del>	, -			☐ Yes	☐ No
Pa	rt II Conservation Easements. Comple	ete if the organization an	swered "Yes" o	n Forn	n 990, Part I'	V, line 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check all tha	at apply)				
	Preservation of land for public use (e g , recreducation)		Preservation of an	n histor	ically importar	nt land area	
	Protection of natural habitat		Preservation of a	certifie	d historic stru	cture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in th	he form	of a conserva	tion	
					Held at the	End of the	Year
a	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme		(-)	2b			
c d	Number of conservation easements on a certified Number of conservation easements included in (a historic structure listed in the National Register		` ′	2c 2d			
3	Number of conservation easements modified, tra	nsferred released extinguis	l bed or terminate:		l e organization	during the	
	tax year >	nsterred, released, extinguis	nea, or terminated	a by the	c organization	during the	
4	, <u> </u>	orvation observant is locate	d <b>L</b>				
	Number of states where property subject to cons  Does the organization have a written policy regar		•	— Ung of			
5	violations, and enforcement of the conservation e	easements it holds?				•	
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforcing	ng cons	servation ease	ments durir	ng the
	A mount of expenses incurred in monitoring, inspe	acting handling of violations	and enforcing co	ncerva	ation eacement	ts during the	e vear
7	► \$	cerng, nananng or violations	, and emorening co	7113 61 4 6	ition casement	is during th	c year
8	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the red	quirements of sect	tion 17	0(h)(4)	′es	n
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text				se statement,	and	-
	the organization's accounting for conservation ea				<b>6</b> ' ''		
Pa	rt III Organizations Maintaining Collect Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 8.				
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhib	oition, education, c	or resea	arch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhib					IC
	(i) Revenue included on Form 990, Part VIII, line :			<b>▶</b> \$			
	ii) Assets included in Form 990, Part X	=					
	"Assets included in Form 990, Part X  If the organization received or held works of art, I	nistorical treasures, or other					
2	following amounts required to be reported under S			mant	ar gam, provi	ac the	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	t III	Form 990) 2015 <b>Organizations</b> ( <i>continued)</i>	Maintaining	Collections of A	Art, His	storica	al Tre	asures, or (	Other Sir	milar As	sets	Page 2
3	Using t	-		ession, and other re	cords, cl	neck an	y of the	following that	are a sıgnı	ficant use	of its	
а	⊢ Pι	ublic exhibition			d		Loan oi	exchange pro	grams			
b	┌ so	cholarly research			e	Г	Other					
c	⊢ Pr	eservation for fut	ure generations									
4	•	e a description of t	-	s collections and ex	plain ho	w they f	urther 1	the organizatio	n's exempt	purpose ir	1	
5				it or receive donati an to be maintained						□Yes	□ No	<b>.</b>
Pa		Escrow and Cu Complete If the Part X, line 21.		<b>ngements.</b> nswered "Yes" o	n Form	990, P	art IV	line 9, or re	ported an		on Fori	m 990,
1a		organization an ag d on Form 990, P		todian or other inte	rmediary	for con	tributio	ons or other as:	sets not	Yes	┌ No	<b>o</b>
b	If"Y	es," explain the a	rrangement ın Pa	art XIII and comple	te the fo	llowing t	table			A mou	ınt	
c	Begii	nnıng balance						10	:			
d	A ddı	tions during the y	ear					10	ı			
е	Distr	ributions during th	e year					1e				
f	Endir	ng balance						1f				
<b>2</b> a	Did the	organization inclu	ude an amount or	n Form 990, Part X,	line 21,	for esci	row or o	custodial accou	ınt lıabılıty	<sup>?</sup>	∏ No	•
b Pa				XIII Check here if te if the organiza								
				(a)Current year		nor year		Two years back			(e)Four ye	ears back
<b>1</b> a	Beginn	ing of year balanc	e									
b	C ontrib	outions • • • • •										
C	Net inv losses	vestment earnings	, gains, and									
d	Grants	or scholarships										
е	Other of and pro	expenditures for fa ograms	acılıtıes									
f	A dmini	strative expenses										
g		year balance										
2	Provide	the estimated pe	ercentage of the o	current year end ba	lance (lir	ne 1g, c	olumn i	(a)) held as				
а	Board o	lesignated or quas	sı-endowment <b>&gt;</b>									
b		nent endowment <b>&gt;</b>										
c		rarıly restricted ei rcentages on lines		should equal 100%								
За		re endowment fun atıon by	ds not in the pos	session of the orga	nızatıon	that are	held a	nd administere	d for the		Yes	No
	(i) unre	elated organization	ns							3a(i	-	
b	If"Yes		e related organiza	ations listed as requ						3a(i	-	
4				f the organization's	endowm	ent fund	ds					
Ра		<b>Land, Building</b> Complete if the		nswered 'Yes' to	Form 9	90, Pa	rt IV,	line 11a.See	Form 990	, Part X,	line 10	
		Description o				(a) ost or oth (investm	er basıs	(b) Cost or other ba (other)	Acc	cumulated preciation		ok value
1a	Land .					, 3501		(22.0.)				
b	Buildings	S										
		Id improvements			·		0			274,677		346,963
	Equipme	ent			•  _		0	16,656,	429	11,990,897		4,665,533
е	O ther											
Tot	al. Add lir	nes 1a through 1e	(Column (d) mus	t equal Form 990, Pa	rt X, colu	mn (B),	line 10	(c))	<del></del>	. ▶		5,012,496
		<del>-</del>	· · · · · ·	•					S	chedule D	Form 9	90) 2015

(a) Description of security or categor (including name of security)	У	(b)Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
2)Closely-held equity interests 3)Other			
·			
(Colored (b) control (Colored (b) (colored (colo	<b>•</b>		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
		orm 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat  (a) Desi	ion answered 'Yes' on Fo	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat (a) Desiration (a) Desiration (a) Desiration (a) Desiration (b) Desiration (a) Desiration (b) Desiration (b) Desiration (b) Desiration (b) Desiration (b) Desiration (b) Desiration (c)	ion answered 'Yes' on Fo		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization of the complete in the complete in the organization of the complete in the complete	e 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the complete in the complete in the organization of the complete in the comple	ion answered 'Yes' on Fo		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization of liability  (a) Description of liability	e 15 )		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the ore See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes  CAPITAL LEASE LIABILITY	e 15 )		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Gederal income taxes  CAPITAL LEASE LIABILITY  OTHER LIABILITIES	e 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  CAPITAL LEASE LIABILITY  OTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Tederal income taxes  CAPITAL LEASE LIABILITY  DTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Tederal income taxes  CAPITAL LEASE LIABILITY  DTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value
(a) Design (b) Design (b) Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the orgonomy See Form 990, Part X, line 25.	(b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Tederal income taxes  CAPITAL LEASE LIABILITY  DTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Tederal income taxes  CAPITAL LEASE LIABILITY  DTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  Tederal income taxes  CAPITAL LEASE LIABILITY  DTHER LIABILITIES  STRAIGHT LINE RENT ADJUSTMENT	(b) Book value	Yes' on Form 990,	(b) Book value

Return Reference

Schedule D, Part XI, Line 4b

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Schedule D (Form 990) 2015

1

2

79,909,962

d	Other (Describe in Part XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	1,323,722
3	Subtract line <b>2e</b> from line <b>1</b>			3	78,586,240
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )	4b	105,497	1	
c	Add lines <b>4a</b> and <b>4b</b>			4c	105,497
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)		5	78,691,737
Part	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, F			s pe	r Return.
1	Total expenses and losses per audited financial statements			1	65,947,465
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1,065,523		
b	Prior year adjustments	2b			
c	Other losses	<b>2</b> c			
d	Other (Describe in Part XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	1,065,523
3	Subtract line <b>2e</b> from line <b>1</b>			3	64,881,942
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b	179,903		
c	Add lines <b>4a</b> and <b>4b</b>			4c	179,903
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18	)	5	65,061,845
Prov Part	Supplemental Information  ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and mation				ide any additional

Explanation

Expenses Reclassed from Revenue \$105,497

2a

2b

**2**c

258,199 1,065,523

Schedule D (Form 990) 2015 Page					
Part XIIII Supplemental	Information (continued)				
Return Reference	Explanation				
Schedule D, Part X, Line 2	ASC 740, Income Taxes The Foundation has evaluated the financial statement impact of positions taken or expected to be taken in its tax returns. Management has determined that no tax liabilities need be recorded under applicable accounting guidance.				
	<u> </u>				

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ta -	DLN	l: 93493135092137
SCHEDULE F Star (Form 990)	tement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	·	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. und its instructions is at w	,	2015 Open to Public Inspection
Name of the organization Wikimedia Foundation Inc				<b>Employer ide</b> 20-004970	entification number
<b>Part I General Informatio</b> Complete if the organ				14b.	
<ol> <li>For grantmakers. Does the and other assistance, the grants or used to award the grants or</li> <li>For grantmakers. Describe a assistance outside the Unite</li> <li>Activites per Region (The follows)</li> </ol>	antees' eligibil assistance? n Part V the oi d States	lity for the grai	nts or assistance, and	the selection criteria	v √ Yes  No
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i program service, describe specific type of service(s) in region	
(1) See Add'l Data		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I		6.8			10,333,325
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	the Instructions	68	I	No 50082W <b>Sch</b>	10,666,640 edule F (Form 990) 2015

Dart II	Grants and Other Assistance to Organizations or Entities Outside the United States.
	grants and other Assistance to organizations of Entitles outside the officed states.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

. <b>(a)</b> Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
( 5)								
( 6)								
(7)								
(8)								
( 9)								
( 10)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
( 16)  2 Enter total num	nber of recipient	t organizations lis	ted above that are re or counsel has pro	ecognized as charit	ies by the foreign c	ountry, recognized	as	

(14) SCHOLARSHIPS TO

(15) FURTHER MISSION

(16) SCHOLARSHIPS TO

(18)

ATTEND CONFERENCE

ATTEND CONFERENCE (17) SCHOLARSHIPS TO

ATTEND CONFERENCE the Caribbean

South Asia

Sub-Saharan Africa

Sub-Saharan Africa

Central America and

Schedule F (Form 990) 2015							Page <b>3</b>
Part III Grants and Ot Part III can be	ther Assistance to duplicated if addition			:ed States. Complete i	ıf the organization a	answered "Yes" to Forn	n 990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FURTHER MISSION	East Asia and the Pacific	10	28,476	WIRE		n/a	N/A
(2) SCHOLARSHIPS TO ATTEND CONFERENCE	East Asia and the Pacific	7	15,552	WIRE		n/a	N/A
(3) SCHOLARSHIPS TO ATTEND CONFERENCE	Europe (Including Iceland and Greenland)	10	6,033	WIRE		n/a	N/A
(4) FURTHER MISSION	Europe (Including Iceland and Greenland)	38	157,868			n/a	N/A
ATTEND CONFERENCE	Middle East and North Africa	h 18	42,352	WIRE		n/a	N/A
(6) FURTHER MISSION	Middle East and North Africa	h 13	84,558	WIRE		n/a	N/A
(7) SCHOLARSHIPS TO ATTEND CONFERENCE	North America	3	5,882	WIRE		n/a	N/A
(8) FURTHER MISSION	North America	2	932	2 WIRE		n/a	N/A
(9) SCHOLARSHIPS TO ATTEND CONFERENCE	Russia and the Newly Independent States	14	30,706	WIRE		n/a	N/A
(10) FURTHER MISSION	Russia and the Newly Independent States	7	10,201	WIRE		n/a	N/A
(11) SCHOLARSHIPS TO ATTEND CONFERENCE	South America	6	13,380	WIRE		n/a	N/A
(12) FURTHER MISSION	South America	6	32,265	WIRE		n/a	N/A
(13) FURTHER MISSION	South Asia	19	25,855	WIRE		n/a	N/A

71,706 WIRE

13,850 WIRE

400 WIRE

1,288 WIRE

31

2

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

# Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes √ No (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

### Part V

### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation				
Procedures for monitoring use of grant funds outside the US	Grants to organizations Organizations that have met each grant program's eligibility crit eria are eligible to participate in a public application process. To do so, they submit a grant proposal that contains a description of the mission-related work they are proposing, a budget, a start date and completion date, and a description of how this work will achie ve the Wikimedia Foundation's mission or the Wikimedia movement strategic priorities. When an applicant is awarded a grant and becomes a grantee, the grantee completes screening requirements and signs a grant agreement. The agreement stipulates that they will use grant funds for charitable purposes consistent with the Wikimedia Foundation's mission and the purposes described in the grant proposal, that they agree to the reporting requirements, in cluding maintaining receipts/documentation of expenses for four years, that they agree to procedures for notifying the Wikimedia Foundation of important changes that may affect the grant, and that they will return any unused grant funds after the end of the grant's term. Once each grant is complete, the grantee will submit a narrative and financial report or series of reports that demonstrate how the grant funds were spent and describe the impact of the work GRANTS TO INDIVIDUALS GRANTS TO INDIVIDUALS FOLLOW THE SAME PROCESS AS OTHE.  R GRANTS UNLESS THEY ARE TRAVEL SCHOLARSHIPS INDIVIDUALS APPLY FOR TRAVEL SCHOLARSHIPS (P. RIMARILY TO ATTEND THE ANNUAL CONFERENCE, WIKIMANIA) AND APPLICATIONS ARE REVIEWED AND ETHE ANNUAL CONFERENCE, WIKIMANIA) AND APPLICATIONS ARE REVIEWED AND ETHE MOST CASES, TRAVEL IS THEN ARRANGED FOR THE INDIVIDUAL AND PAID.  FOR DIRECTLY BY THE WIKIMEDIA FOUNDATION IN VERY LIMITED CASES, INDIVIDUALS BOOK TRAVEL.  THEMSELVES AND PROVIDE RECEIPTS TO THE FOUNDATION WHICH THEN REIMBURSES THEM BASED ON THE RECEIPTS.				

990 Schedule F, Supplemental Information

Return Reference Explanation

Return Reference Explanation

Method of accounting The grants and expenditures reported in Schedule F were based on the accrual method of accounting

990 Schedule F, Supplemental Information

Return Reference Explanation

Schedule F, Part I, Lines 1-5, column (e)

Program Services include supporting Wikimedia and open source technology

#### **Additional Data**

and Greenland)
Middle East and North

Africa

Software ID: Software Version:

**EIN:** 20-0049703

Name: Wikimedia Foundation Inc

See Part V

122,625

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific		4	Program Services	See Part V	334,988
Europe (Including Iceland		49	Program Services	See Part V	3,513,543

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) North America Program Services See Part V 500,889 South Asia See Part V 242,164 Program Services

l Grantmakınd

Further Mission

1.672

Form 990 Schedule F Part I - Activities Outside The United States

East Asia and the Pacific

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) Europe (Including Iceland Grantmaking Further Mission 4,318,846 and Greenland) Middle East and North Grantmakınd Further Mission 210.152 A frica

Grantmakınd

Further Mission

5,690

North America

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) A ctivities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Russia and the Newly Grantmaking Further Mission 312,170 Independent States South America Grantmaking Further Mission 248,878

Grantmaking

Further Mission

269,430

Form 990 Schedule F Part I - Activities Outside The United States

South Asia

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Sub-Saharan Africa Grantmaking Further Mission 44,349 East Asia and the Pacific Grantmakıng Further Mission 28,476 East Asia and the Pacific Grantmakıng CONFERENCE 15,552

SCHOLARSHIP

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Europe (Including Iceland Grantmakıng CONFERENCE 6,033 and Greenland) SCHOLARSHIP Europe (Including Iceland Grantmaking Further Mission 157.868 and Greenland)

Grantmakınd

CONFERENCE

SCHOLARSHIP

42,352

Middle East and North

A frica

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (f) Total expenditures (d) Activities (e) If activity listed in offices in the employees or conducted in region (by (d) is a program service. for region agents in type) (i e , fundraising, describe specific type of region service(s) in region region program services, grants to recipients located in the region) Middle East and North Grantmaking Further Mission 84,558 A frica North America Grantmakıng CONFERENCE 5.882 SCHOLARSHIP North America Grantmakıng Further Mission 932

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Russia and the Newly Grantmakıng CONFERENCE 30,706 Independent States SCHOLARSHIP Russia and the Newly Grantmaking Further Mission 10.201 Independent States South America Grantmakınd CONFERENCE 13,380

SCHOLARSHIP

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) South America Grantmaking Further Mission 32,265 South Asia Grantmakıng Further Mission 25,855

Grantmakıng

CONFERENCE

SCHOLARSHIP

71,706

South Asia

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Sub-Saharan Africa Grantmaking Further Mission 13,850 Sub-Saharan Africa Grantmaking CONFERENCE 400 SCHOLARSHIP

Grantmakınd

CONFERENCE

SCHOLARSHIP

1.228

Form 990 Schedule F Part I - Activities Outside The United States

Central America and the

Carıbbean

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Europe (Including FURTHER MISSION 4.318.846 WIRE n/a n/a Iceland and (Greenland)

	Middle East and North Africa	FURTHER MISSION	210,152	WIRE	n/a	n/a
	North America	FURTHER MISSION	5,690	WIRE	n/a	n/a

	North Africa					
	North America	FURTHER MISSION	5,690	WIRE	n/a	n/a
						1

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Independent States

	North Africa					
	North America	FURTHER MISSION	5,690	WIRE	n/a	n/a
	Russia and the Newly	FURTHER MISSION	312,170	WIRE	n/a	n/a

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(If cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Isouth America FURTHER MISSION 248 878 WIRE ln/a ln/a

44,349 WIRE

ln/a

	5 datii 7 memed	TORTHER THISSION	210,070	WIKE	, u	11,4
	South Asia	FURTHER MISSION	269,430	WIRE	n/a	n/a

FURTHER MISSION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

DLN: 93493135092137

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wikimedia Foundation Inc

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number

20-0049703

							20-0049703	
Pa		ctivities.Completers are not require					on Form 990, Part IV	, line 17.
1	Indicate whether the orga	anızatıon raısed fund	s through	any of th	e follo	wing activities C	heck all that apply	
а	Mail solicitations				e 🔽	Solicitation of n	on-government grants	
b	✓ Internet and email so	olicitations			f [	Solicitation of g	overnment grants	
c	Phone solicitations			1	g	Special fundrais	sing events	
d	In-person solicitatio	ns						
<b>2</b> a	Did the organization have or key employees listed i services?							es 「No
b	If "Yes," list the ten high to be compensated at lea				ısers)	pursuant to agree	ements under which the fu	ındraıser is
(	(i) Name and address of Individual or entity (fundraiser)	(ii) A ctivity	fundrais custo cont	Did ser have ody or rol of outions?		Gross receipts rom activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	Trilogy Interactive LLC PO Box 4177	See Part IV	Yes	No No			295,878	
	Mountain view, CA 94040						233,070	
2								
3								
4								
5								
6								
7								
8								
9								
10								
ota	al	1	I	<b>•</b>			295,878	
_								_

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution resources are then #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie					
Seve	1 Gross receipts				
_	2 Less Contributions				
	Gross income (line 1 minus				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
	8 Entertainment				
Direct	<b>9</b> Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)		
	11 Net income summary Subtract line 1	0 from line 3, column (	d)		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
ses	2 Cash prizes				
Expens	3 Noncash prizes				
	4 Rent/facility costs				
Direct	5 Other direct expenses				
	other unect expenses	<b>┌ Yes</b> %	├ Yes%		
	6 Volunteer labor	☐ No	│ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (	d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organizat				Yes No
a b	Is the organization licensed to conduct  If "No," explain	-			165   110
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
Ь	· · · —				

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

Department of the
Treasury
Internal Revenue Service

Name of the organization

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493135092137

2015

Employer identification number

Open to Public Inspection

Wikimedia Foundation Inc						20-0049703	
Part I General Information	n on Grants an	d Assistance					
Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza	ard the grants or as tion's procedures f	sistance? or monitoring the use	of grant funds in the Un				√ Yes No
Part II Grants and Other Assista that received more than \$				iplete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations lis	ted in the line 1 table .			▶	4
3 Enter total number of other organ							0
For Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Program Services to Further Wikimedia's Mission	6	77,927		N/A	
(2) Further Mission and conference attendance	1	17,084		N/A	
Part IV Supplemental Informat	ion. Provide the infor	mation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
4					

## Return Reference Explanation

# SCHEDULE I, PART I, QUESTION 2 Grants to Organizations Organizations that have met each grant program's eligibility criteria are eligible to participate in a public application process. To do so, they submit a grant proposal that contains a description of the mission-related work they are proposing, a budget, a start date and completion date, and a description of how this work will achieve the Wikimedia Foundation's mission or the Wikimedia movement strategic priorities. When an applicant is awarded a grant and becomes a grantee, the grantee completes screening requirements and signs a grant agreement. The agreement stipulates that they will use grant funds for charitable purposes consistent with the Wikimedia Foundation's mission and the purposes described in the grant proposal, that they agree to the reporting requirements, including maintaining receipts/documentation of expenses, that they agree to procedures for notifying the Wikimedia Foundation of important changes that may affect the grant, and that they will return any unused grant funds after the end of the grant's term. Once each grant is complete, the grantee will submit a narrative and financial report or series of reports that demonstrate how the grant funds were spent and describe the impact of the work. Grants to Individuals Grants to Individuals follow the same process as other grants unless they are travel scholarships. Individuals apply for travel scholarships (primarily to attend the annual conference, Wikimedia Foundation in very limited cases, individuals book travel themselves and provide receipts to the Foundation which then

conference, Wikimania) and applications are reviewed and either accepted or denied. In most cases, travel is then arranged for the individual and paid for directly by The Wikimedia Foundation. In very limited cases, individuals book travel themselves and provide receipts to the Foundation which then reimburses them based on the receipts.

Schedule I, Part II

PURPOSE OF GRANT TO WIKIMEDIA NYC, INC. TO SUPPORT WORK TO FURTHER MISSION PURPOSE OF GRANT TO TIDES FOUNDATION TO SUPPORT WORK TO FURTHER MISSION PURPOSE OF GRANT TO JOHN ERNST FOUNDATION.

MISSION PURPOSE OF GRANT TO WIKI SOCIETY OF WASHINGTON D.C. TO SUPPORT WORK TO FURTHER MISSION

#### **Additional Data**

organization

PALO ALTO, CA 94306

Software ID: Software Version:

ıf applicable

**EIN:** 20-0049703

Name: Wikimedia Foundation Inc

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

or government			_	assistance	other)	
Wikimedia New York City Inc 227 Dean Street Brooklyn, NY 11217	27-0520584	501(c)(3)	79,900			See Part IV
Tides Foundation PO Box 29903 San Francisco, CA 94129	51-0198509	501(C)(3)	5,000,000			See Part IV
THE JOHN ERNEST FOUNDATION PO BOX 60225	94-3170824	501(C)(3)	10,000			SEE PART IV

cash

(book, FMV, appraisal,

non-cash assistance

(h) Purpose of grant

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 501(c)(3) 56.510 45-2106571 ISEE PART IV

WIKI SOCIETY OF WASHINGTON DC PO BOX 9822

WASHINGTON, DC 20013

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

OMB No 1545-0047

DLN: 93493135092137

Treas	epartment of the reasury  ternal Revenue Service  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Operation about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Fo						
	me of the organiz			Employer identificati	on nur	nber	
WIK	ımedıa Foundatıon Ir	nc		20-0049703			
Pa	rt I Questi	ons Regarding Compensation	1	<u> </u>			
						Yes	No
<b>1</b> a				y of the following to or for a person listed on Form de any relevant information regarding these items			
	First-class	s or charter travel		Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence						
Tax idemnification and gross-up payments Health or social club dues or initiation fees					ļ		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b 2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
3	organization's (	CEO/Executive Director Check all the	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	√ Compensa	ation committee		Written employment contract			
	✓ Independe	ent compensation consultant	<b>▽</b>	Compensation survey or study			
	<b>✓</b> Form 990	of other organizations	<b>▽</b>	Approval by the board or compensation committee	ļ		
4	During the year or a related org		Part VII	, Section A , line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?		,7	4a	Yes		
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?			qualified retirement plan?	4b		No
c	Participate in, c	or receive payment from, an equity-ba	sed con	npensation arrangement?	4c		Νo

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

#### For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?

- Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of
- The organization?
- Any related organization?

ın Part III

- If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III
- If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

- Νo

- Νo

**5**a

5b

6a

6b

7

- - Νo
    - Νo

Νo

- 8 Νo
- 9

Selledales (Form 550) 2015	ruge Z										
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in	
	D	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported	
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior	
		compensation	compensation				Form 990	

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Schedule 1 Part I Line 4 Per terms of a severance agreement, upon separation from the organization under certain circumstances. L. Tretikov, Executive Director, is entitled to receive a severance payment. No payment was made during 2015. In addition, the following key employee and highest compensated employees were also

lentitled to and received severance payments during 2015 E Moeller, \$208,306, G Young, \$98,446, T Gilbey, \$80,000, and D Sicore, \$100,000

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 20-0049703

Name: Wikimedia Foundation Inc

Form 990, Schedule J, F	<u>art</u>	II - Officers, Direc	ctors, Trustees, K	ey Employees, and	d Highest Compens	sated Employees	3	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Llla Tretikov Executive Director-thru	(1)	342,050	0	2,286	9,250	22,732	376,318	C
Mar/16	(11)	0	0	0	0			C
1Katherine Maher Executive Dir - from Apr/16	(1)	164,285	0	2,068	4,872	8,589	179,814	C
Exceeding Sill Holling, 10	(11)	0	0	0	0			C
<b>2</b> Garfield Byrd Treasurer & CFA - thru	(1)	158,578	0	2,485	6,343	14,025	181,431	C
Sep/16	(11)	0	0	0	0			0
3Geoff Brigham	- / .	254.050				0	0	
Secretary & General Counsel	(1)	254,850	0	4,122	4,167	22,709	285,848	0
	(11)	0	0	0	0	- 0	- 0	C
4Terence GilbeyCOO	(1)	169,391	0	80,840	6,482	12,312	269,025	C
	(11)	0	0	0	0			C
5Enk MoellerVP of Product	(1)	93,344	0	208,702	0	2,863	304,909	C
	(11)	0	0	0	0	 - 0		C
<b>6</b> Gayle Young Chief Talent & Culture Officer	(1)	82,522	0	101,203	3,331	2,992	190,048	C
emer raiene a cataire emeci	(11)	0	0	0	0			C
7Anthony Negrin Director of Engineering	(1)	177,179	0	541	0	18,699	196,419	C
	(11)	0	0	0	0			C
<b>8</b> Stanislav Malyshev Sr Software Engineer	(1)	178,409	0	2,090	7,246	16,164	203,909	C
31 Software Engineer	(11)	0	0	0	0			C
<b>9</b> Damon Sicore VP of Engineering	(1)	181,451	0	100,315	0	10,492	292,258	C
vr or Engineering	(11)	0	0	0	0			
10Lisa Seitz-Gruwell Chief Revenue Officer	(1)	165,911	0	2,156	4,950	20,983	194,000	C
	(11)	0	0	0	0		- 0	C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M** 

DLN: 93493135092137

2015

### OMB No 1545-0047

**Noncash Contributions** 

(Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Vam Mikim	e of the organization edia Foundation Inc				Employer identificat	ion nu	mber	
WIKIII	edia Foundation Inc				20-0049703			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( <b>d</b> Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property Securities—Publicly traded .		44	172 12/	A vorago Market Val			
	Securities—Closely held stock .	X	44	1/3,132	Average Market Val	ue		
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	Other ▶ ()							
	Other ▶ ()							
	Other ► ()	L			<del> </del>			
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			l
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem							
31	Does the organization have a gif	ft acceptani	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
	Does the organization hire or us							

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? . . . . .

**b** If "Yes," describe in Part II

describe in Part II

32a

Νo

# Return Reference Explanation Part I Column (B) The organization is reporting the number of contributions during the year Schedule M (Form 990) (2015)

**SCHEDULE 0** (Form 990 or

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

DLN: 93493135092137

20-0049703

Internal Revenue Service

Name of the organization

Wikimedia Foundation Inc

Department of the

990-EZ)

Treasury

Employer identification number

Return Reference	Explanation
FORM 990 PART VI, LINE 4	THE BYLAWS WERE AMENDED TO CHANGE THE TERM LENGTH AND LIMIT FOR TRUSTEES TERM LENGTH WAS CHANGED FROM TWO YEARS TO THREE YEARS AND TO SET THE LIMIT AT TWO TERMS. THE CHANGE APPLIES TO ALL THE SEATS ON THE BOARD WITH THE EXCEPTION THAT THE TERM LIMIT DOES NOT APPLY TO THE FOUNDER, AND WILL APPLY TO FUTURE APPOINTMENTS IN A MANNER TO PRESERVE THE BOARD'S ROTATIONAL SCHEDULE FORM 990 PART VI, LINE 7A The Board consists of a maximum of ten Trustees. Three seats are selected by the Wikimedia community, two seats are selected by the Wikimedia chapters and thematic organizations, one seat is reserved for Jimmy. Wales as the community founder, and four seats may be selected by the board for specific expertise. As with all board seats, the board must independently appoint the candidates for the community and chapter seats. Form 990 part VI, line 11a Review of Form 990. The first draft of the 990 was developed by an external accounting firm under the direction of the Controller with additional guidance from the Chief Financial Officer (CFO). It was reviewed for accuracy and completeness by the CFO and then by the Executive Director. Then a meeting of the audit committee was held at which the CFO walked through the draft in detail for the audit committee's approval. A complete copy of the Form 990 was provided to the voting members of the governing body prior to filling with the Internal Revenue Service. Form 990 Part VI, Line 12 Conflict of interest. The organization's board members, officers, and key employees (covered persons) complete annually a Conflict of Interest Statement the purpose of which is to identify any personal, family and/or business relationships and/or transactions that may pose a potential conflict. The filed conflict of interest forms are submitted to and reviewed by the general counsel and only reviewed by the Board fineeded Additionally, the covered persons also complete annually a Piedge of Personal Commitment that affirms that the individual is in compliance with the Conflict of Interest Policy a
Form 990 Part VI Line 15a	THE WIKIMEDIA FOUNDATION BOARD OF TRUSTEES IS RESPONSIBLE FOR APPROVING THE COMPENSATION O F THE EXECUTIVE DIRECTOR FOR 2015 COMPENSATION, THE BOARD OF TRUSTEES, ALL INDEPENDENT ME MBERS, REVIEWED THE EXECUTIVE DIRECTOR'S PROPOSED COMPENSATION, AND MADE A DECISION BASED ON COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS THE BOARD OF TRUSTEE'S DELIBERATIONS A ND DECISION WERE CONTEMPORANEOUSLY DOCUMENTED, INCLUDING WHO ATTENDED AND VOTED AND A DESC RIPTION OF THE COMPARABLE DOCUMENTATION USED AND HOW IT WAS OBTAINED

990 Schedule O, Supplemental Information

Return Explanation

Reference

XI. Line 5

Form 990 Part	The organization's wiebsite includes links to its governing documents, its conflict of interest policy and its audited financial
VI, line 19	statements http://wikimediafoundation.org/wiki/Bylaws.http://wikimediafoundation.org/wiki/Conflict_of_interest_policy

VI, line 19 statements http://wikimediafoundation.org/wiki/Bylaws.http://wikimediafoundation.org/wiki/Conflict\_of\_interest\_policy.http://wikimediafoundation.org/wiki/Financial\_reports

Form 990 Part Return of Unused Grant \$ 74.405 ======== Total Form 990 Part XI, Line 5 \$ 74.405